2004 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am DOCUMENT # 848762 **Secretary of State** 1. Entity Name PALL AEROPOWER CORPORATION 01-23-2001 90038 008 ***150.00 Principal Place of Business Mailing Address 5775 RIO VISTA DRIVE 10540 RIDGE RD 702093 NEW PORT RICHEY FL 34654-2198 CLEARWATER FL 33760-3114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2068860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change CR2E034 (10/00 TITLE ☐ Delete TITLE NAME NAME 5775 RIO VISTA DRIVE GRIMM, CHARLES STREET ADDRESS STREET ADDRESS 6301 49TH ST N CLEARWATER, FL 33760-3114 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ___ Change ☐ Addition TITLE □ Delete TITLE NAME NAME ADAMOVICH, JOHN STREET ADDRESS STREET ADDRESS 2200 NORTHENR BLVD CITY-ST-ZIP CITY-ST-ZIP EAST HILLS NY 11548 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BARTLETT, MARY ANN STREET ADDRESS STREET ADDRESS 2200 NORTHERN BLVD CITY-ST-ZIP CITY-ST-ZIP EAST HILLS NY 11548 TITLE ☐ Defete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or supple lied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if supplied with the

of the corporation or the receiver or changed, or on an attachment with dustee empo an address w R. GRIMM SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR